



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
BOX 99100
YUMA, ARIZONA 85369-9100

StaO 7042.1C
3FA
09 DEC 1997

STATION ORDER 7042.1C

From: Commanding Officer
To: Distribution List

Subj: PLANNING AND PROGRAMMING OF THE SIMULATOR OPERATION AND
MAINTENANCE (SOM) PROGRAM

Ref: (a) NAVTRASYS SCENINST 7042.1A (NOTAL)

Encl: (1) Simulator Operation and Maintenance Funding Request
(Form NTEC ORL 7042/2 (3/81))

1. Purpose. To establish guidance for the submission of requests for funding of the subject program.

2. Cancellation. StaO 7042.1B.

3. Information. Per the reference, instructions are provided for the preparation of budget year, budget year plus one and budget year plus two budget submits, and for quarterly updates of budget submissions.

4. Action

a. The Communications Data Electronics Officer will ensure the enclosure is prepared in accordance with the reference. The enclosure will be prepared and forwarded to the Comptroller, Marine Corps Air Station Yuma, in accordance with the following schedule.

12 December (annually)
15 August (revalidated Annual and 1st Qtr)
15 November (for 2nd Qtr)
15 February (for 3rd Qtr)
15 May (for 4th Qtr)

b. The prepared enclosure will be forwarded by the Comptroller to meet directed requirements. In that regard, Parts 13 and 14 of the enclosure will be completed by the Comptroller.

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5. Summary of Revision. This revision contains a substantial number of changes and should be reviewed in its entirety.


C. J. TURNER

DISTRIBUTION: SPL
3BD (5)
3FA (5)
3MA (2)
3NA (2)

ORGANIZATIONAL AND INTERMEDIATE MAINTENANCE
(Submit sufficient copies for "VIA" addressees)

1. <u>DATE OF REQUEST</u>			2. <u>UIC OF AUTHORIZED ACCOUNTING ACTIVITY</u>			
3. TO: VIA:			4.a. <u>NAME AND ADDRESS OF AUTHORIZED ACCOUNTING ACTIVITY:</u> 4.b. <u>SINGLE POINT OF CONTACT:</u>			
5. <u>TYPE OF REQUEST:</u> ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> NONSCHEDULED <input type="checkbox"/>			6. REQUEST FOR: QUARTER: Fiscal Year 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>			
7.	a.	b.	c.	d.	e.	
	<u>Annual Requirement</u>	<u>Annual Amount Approved</u>	<u>Obligation Authority Rec'd</u>	<u>Obligation To Date</u>	<u>Unobligated Balance</u>	
8. Est. Cumulative Funds obligated by end of current quarter:			9. Est. Cumulative Funds authorized remaining at end of current quarter:		10. Amount req'd next quarter	
11. Balance of funds required						
12. JUSTIFICATION (Continue on reverse side if necessary)						
<u>VALUE CLASS III (\$500K & above)</u>			<u>VALUE CLASS II (\$100K-\$500K)</u>		<u>VALUE CLASS I (\$1K-\$100K)</u>	
Amt Used Annual			Annual		No. of	
<u>Device</u>	<u>Last Qtr</u>	<u>Amt Reqd</u>	<u>Device</u>	<u>Amt Reqd</u>	<u>Devices</u>	<u>Annual Amt Reqd</u>
13. SIGNATURE OF COMMANDING OFFICER OR AUTHORIZED REPRESENTATIVE						
14. FROM: (Name and address of station requesting funds)						

This NAVTRAEQUIPCEN form is to be used to request funds for the Simulator Operation and Maintenance fund category "Organizational and Intermediate Maintenance" only.

BLOCK	EXPLANATION						
1	Self explanatory.						
2	Self explanatory.						
3	TO: NAVAIRWARCENTRASYS DIV, 12350 Research Parkway, Orlando FL 32826-3224 VIA: COMCABWEST, MCAS El Toro, Santa Ana CA 92709 (1GA)						
4a	Self explanatory.						
4b	Single point of contact - Name, Code, Phone Number of individual preparing the request for funds.						
5	Annual and quarterly requests are scheduled. Emergency or Supplemental requests are nonscheduled.						
6	Enter fiscal year for annual requests. Enter applicable fiscal year and quarter for quarterly requests.						
7	Complete all columns if known. (All information may not be known at the time of the first quarter submission, i.e., annual amount authorized, etc.)						
7a	<u>Annual Requirement</u> - Enter total amount required for the year. This column may be adjusted throughout the year as resource requirements change.						
7b	<u>Annual Amount Approved</u> - Enter annual amount approved if known. Adjust as appropriate due to supplemental funding, decrements, etc.						
7c	<u>Obligation Authority Received</u> - Cumulative funding provided during the fiscal year.						
7d	<u>Obligation to Date</u> - Cumulative funding obligated as of the date of the request.						
7e	<u>Unobligated Balance</u> - Difference between the Obligation Authority Received and the Obligation to Date.						
*8	Enter total of obligations expected to be incurred from 1 October of current fiscal year to end of current quarter.						
*9	Enter the unobligated balance of funds received that is expected to be available at the end of current quarter.						
*10	Enter estimated total requirement for this request.						
*11	Enter the remaining balance of funds required. (Block 10 minus Block 9).						
**12	For annual Requests (1st quarter submission) complete all columns except "Amount Used Last Quarter." For Value Class I, only single entry required, e.g.						
	<table border="0"> <tr> <td>No. of</td> <td>Annual Amt.</td> </tr> <tr> <td><u>Devices</u></td> <td><u>Required</u></td> </tr> <tr> <td>32</td> <td>\$1,750</td> </tr> </table>	No. of	Annual Amt.	<u>Devices</u>	<u>Required</u>	32	\$1,750
No. of	Annual Amt.						
<u>Devices</u>	<u>Required</u>						
32	\$1,750						
	For the 2nd, 3rd, and 4th Quarterly Requests complete only "Device" and "Amount Used Last Quarter" columns under Value Class III, (i.e., do not complete columns under Value Class II and Value Class I.) In the "Amount Used Last Quarter" column under Value Class III, indicate actual obligation for the last <u>completed</u> quarter. For supplemental (non-scheduled) requests, use space to provide narrative justification for funding requirements.						
13-14	Self explanatory.						

NOTE: In order to avoid delays in the transmittal of funds, it is important that all appropriate blocks of the form be completed.

*Complete for Quarterly Requests only.

**Include funding requirements for devices under \$1K in Value Class I column.

ENCLOSURE (1)